

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2011
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NAME OF PROVIDER OR SUPPLIER MASTERS OF LA JOLLA	STREET ADDRESS, CITY, STATE, ZIP CODE 7160 FAY AVENUE LA JOLLA, CA 92037
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 000 Initial Comments

A 000

The following represents the findings of the California Department of Public Health during a complaint investigation.

Complaint #: CA00286534

The investigation was limited to the specific allegations reported and does not represent the findings of a full inspection of the facility.

Representing the California Department of Public Health:

HFEN Fed ID # 29270/State ID# 2445

No deficiencies were identified from this investigation.

RECEIVED
CA DEPT OF PUBLIC HEALTH
DEC 16 2011
LICENSING & CERTIFICATION
SAN DIEGO NORTH DISTRICT OFFICE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Nathaniel O. for Dawn Norington

Administrator

12/12/11